

WEST SUFFOLK COUNTY COUNCIL



ANNUAL REPORT

of the

Medical Officer of Health

for the

YEAR 1961

D. A. McCracken, M.D., D.P.H.

WEST SUFFOLK COUNTY COUNCIL



Telephone No.
Bury St. Edmunds 2281

Westgate House,
Bury St. Edmunds.

To the Chairman and Members of the West Suffolk County Council.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report of the County Medical Officer of Health, dealing with the Health and Welfare Services of the County, for the year ended 31st December, 1961.

The health of the population judged statistically has again been very satisfactory. The adjusted death rate of 10.5 shows an increase of 0.2 per thousand as compared with the previous year and compares very favourably with 12.0 for England and Wales. The total number of live births registered was 2,174, and whilst not the highest on record, gives an adjusted birth rate of 17.3 as compared with 17.4 for the country as a whole. The still birth rate of 18.5 per related live and still births is an improvement on the rate of 20.8 for 1960, whilst in addition it is significantly lower than the rate for the country of 19.1. The infant mortality rate of 18.4 is 3.2 lower than that for England and Wales. The perinatal mortality of 30.3 is 1.9 below that for England and Wales. This is a welcome improvement because in 1960 the rate was 1.6 in excess of that for the country. Mortality from tuberculosis continues at a very low rate and accounts for 0.26 per cent of the total deaths. A total of four deaths was ascribed to tuberculosis whereas 48 persons died from cancer of the lung.

Some of the capital projects of the Department which have been envisaged for some years, are nearing the stage of completion. The construction of the new homes for the aged at Bury St. Edmunds and Haverhill are well under way whilst sites have been obtained for the homes to be provided at Haverhill and Sudbury. The site at Sudbury is of sufficient size on which to build an Ambulance Depot, Staff Housing, etc., in addition to the proposed home. The detailed plans have also been completed for the construction of a new Health Clinic and Ambulance Station at Camps Road, Haverhill. A new Junior Training Centre is about to be built at Sudbury, on the Woodhall estate together with houses for nurses.

The continued expansion of community care has been possible due to the appointment of senior medical and lay staff to the Department and it appears to me that the local health authorities will in the years to come become more directly responsible for community care in a much wider field than was envisaged when the new Health Act was introduced. The health visiting, nursing and social welfare officers are now working much more closely with the general medical practitioners and the hospitals as compared with the position five years ago. The problem of providing a skilled case work service in the community and its improvement will depend very much on the ability of local health authorities to recruit and train men and women of the necessary high mental calibre who have a vocational interest in their work.

I again have much pleasure in recording my thanks for the continued support I receive from Brigadier J. R. T. Aldous, the Chairman of the Health and Welfare Committee and also to the Chairmen of the several Sub-Committees and House Committees for their unfailing kindness and understanding of the manifold problems which beset my Department during the present period of expansion in every section of the local authority health service. The work of the Department has been greatly assisted by numerous voluntary associations with whom the staff are in daily contact and finally my thanks are due to all members of my staff who worked consistently and conscientiously during a year which might be regarded as one of the most important in the history of the health and welfare services of the county.

I have the honour to be,

Your obedient Servant,

D. A. McCracken,

County Medical Officer of Health.

1st July, 1962.

STAFF

County Medical Officer of Health:

D. A. McCracken, M.D., Ch.B., D.P.H.

Deputy County Medical Officer of Health:

Miss A. J. Rae, M.R.C.S., L.R.C.P., D.P.H.

Senior Medical Officer (Mental Health):

J. L. Evans, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Assistant County Medical Officers:

G. P. Barclay, M.B., Ch.B., D.P.H.

P. Coggin Brown, M.R.C.S., L.R.C.P., D.P.H.

A. F. Morgan, M.B., B.S., L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.

Mrs. D. C. Wall, B.A., M.R.C.S., L.R.C.P.

Consultant Adviser in Psychiatry (Part-time).

E. Beresford Davies, M.A., M.D., B.Chir., D.P.M.

Chest Physician Consultant (Part-time).

C. P. Hay, M.D., M.R.C.P.E., D.P.H.

Dental Surgeons:

S. H. Pollard, L.D.S. (Principal)

J. Dewar, L.D.S. (Part-time)

R. E. Lee, L.D.S. (Part-time).

K. Garland, B.D.S. (Part-time).

Mrs. E. Leggett, L.D.S. (Part-time).

Superintendent Health Visitor:

Mrs. M. P. Williams, S.R.N., S.C.M., H.V.Cert.

Supervisor of Midwives:

Miss O. E. Payne, S.R.N., S.C.M., H.V.Cert.

Speech Therapist:

Miss B. M. Elton, L.C.S.T.

Food and Drugs Act:

Chief Inspector—D. Thompson.

County Social Welfare Officer:

Miss H. E. Rees, M.A., A.M.I.A.

Welfare Officer for the Blind:

Miss E. E. Bitchenor, B.A.

Mental Health/Social Welfare Officers:

E. Brown

W. J. J. Tyrrell

E. R. Lewis, S.R.N., O.N.D.

Handicraft Instructresses:

Miss W. Gamble

Mrs. D. M. Norden

Chiropodists:

A. R. Rudd, M.Ch.S.

A. E. Colston, M.Ch.S.

Administrative Officer:

E. White

SUMMARY OF VITAL STATISTICS, 1961.

Area of Administrative County	390,916	acres
Population Census, 1931	106,137	
Population Census, 1951	120,652	
Population Census, 1961	129,969	
Population (Mid-year Estimate, 1961)	134,200	
Rateable Value	£1,338,414	
Estimated Product of a Penny Rate	£5,436	

Live Births:—

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>	<i>Rate Per 1,000 Population.</i>
Legitimate	1,086	1,008	2,094	
Illegitimate	40	40	80	
	1,126	1,048	2,174	16.2

Percentage of illegitimate live births of TOTAL live births 3.7

Stillbirths:—

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>	<i>Rate per 1,000 Live and Still- births.</i>
Legitimate	21	19	40	
Illegitimate	—	1	1	
	21	20	41	18.5

Total Live and Stillbirths:—

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Legitimate	1,107	1,027	2,134
Illegitimate	40	41	81
	1,147	1,068	2,215

Deaths:—

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>	<i>Rate Per 1,000 Population.</i>
(All causes)	772	743	1,515	11.3

	<i>Female.</i>	<i>Total.</i>	<i>Rate per 1,000 live and still- births.</i>
Maternal (including abortion)	1	1	0.45

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>	<i>Rate per 1,000 related live births.</i>
Infant (under one year):				
Legitimate	23	15	38	18.2
Illegitimate	1	1	2	25.0
	24	16	40	18.4

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>	
Neonatal (first four weeks):				
Legitimate	18	10	28	
Illegitimate	1	1	2	
	19	11	30	13.8

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>	
Early Neonatal				
Legitimate	15	9	24	
Illegitimate	1	1	2	
	16	10	26	12.0

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>	<i>Rate per 1,000 live and still- births.</i>
Perinatal				
Legitimate	36	28	64	
Illegitimate	1	2	3	
	37	30	67	30.3

Estimated Populations, Birth Rates, Death Rates and Deaths Classified according to causes

DISTRICT	Population	Crude Birth Rate	Adjusted Birth Rate	Crude Death Rate	Adjusted Death Rate	Tuberculosis respiratory	Tuberculosis other	Syphilis	Diphtheria	Whooping-cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasms of stomach	Malignant neoplasms of lung, bronchus	Malignant neoplasms of breast	Malignant neoplasms of uterus	Other malignant and lymphatic neoplasms	Leukaemia, Aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, Angina	Hypertension with heart disease	Other heart diseases	Other circulatory diseases	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth abortion	Congenital malforma- tion	Other defined and ill- defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and opera- tions of war	All causes
<i>Borough and Urban Districts—</i> Bury St. Edmunds	21,760	17.2	17.4	11.9	10.6	1							1	1	6	11	5	3	18	2	5	54	61	4	12	9	3	21	12	1	1	1	2				15	1	8		258	
Hadleigh	3,450	14.2	15.3	13.9	13.8										2	2			4	1		6	11	1	8	3		2	2				1	1		3	1			48		
Haverhill	5,600	20.0	18.4	11.1	11.1										2	1	1		3		1	10	18		5	2	1	6	3				1	2		4			2	62		
Newmarket	11,080	17.1	16.9	11.5	11.6			1							2	3	1		16		2	14	23	5	14	4	2	6	5	1	2		3	1		14	3	2	3	127		
Sudbury	6,510	11.8	13.0	27.2	13.6		1							1	4	6	1	2	13			38	30	1	28	5	2	17	7	3	3	2		1		9		1	1	1	177	
Totals	48,400	16.6	16.8	13.9	11.8	1	1	1					1	2	16	23	8	5	54	3	8	122	143	11	67	23	8	52	29	5	6	5	8	2		45	5	11	6	1	672	
<i>Rural Districts—</i>																																										
Clare	9,180	14.4	17.4	12.1	10.4	1		1							3	2	1		11		2	22	14	1	14	3	3	8	1		3				1	1	2	2	3	2	111	
Cosford	9,050	12.8	14.6	12.8	10.4	1									2	4	2		13	1		24	21	5	16	5	2	7	8				1	1		2		1			116	
Melford	14,400	12.7	12.7	10.5	9.2			1							2	5	2	1	14		2	25	28	3	19	9	5	7	9		1		1	1		11		4			151	
Mildenhall	22,590	20.1	22.5	6.7	9.1						2				4	5	2	3	6		2	21	27	3	16	9		9	4	1	1			1	2	19	5	7	3	152		
Thedwastre	9,200	17.0	19.1	13.5	11.3										2	3	2	3	18	1	1	21	24	1	12	7		7	9	2	2				1	4	3	1		124		
Thingoe	21,380	15.5	17.0	8.8	8.9									1	6	6	3	1	13	1		37	41	4	21	10	1	8	6	2	3	2	1			13	4	4	1		189	
Totals	85,800	16.0	17.8	9.8	9.7	2		2			2			1	19	25	12	8	75	3	7	150	155	17	98	43	11	46	37	5	10	4	2	3	1	4	61	14	20	6		843
Grand Totals	134,200	16.2	17.3	11.3	10.5	3	1	3			2		1	3	35	48	20	13	129	6	15	272	298	28	165	66	19	98	66	10	16	9	10	5	1	4	106	19	31	12	1	1515

NATURAL AND SOCIAL CONDITIONS.

Area.

There has been no change in the area of the Administrative County, which remains at 390,916 acres.

Population.

The Registrar-General estimated the resident population for the mid-year to have been 134,200 persons, as compared with 131,540 in 1960.

The natural increase in population, i.e. the excess of registered live births over deaths, totalled 659 persons as compared with 851 in 1960. The number of marriages registered was 882 which is equivalent to 13.3 per thousand of population compared with 15.0 for the country as a whole.

Mortality.

The total number of deaths assigned to the County by the Registrar-General, after adjusting for outward and inward transferable deaths, was 1,515 (males, 772; females, 743) as compared with 1,360 in 1960. The crude total death rate, based on the mid-year estimated population was 11.3, as compared with 10.3 in 1960. Lists of the causes of death are classified according to the Abridged List of the International Statistical Classification of Diseases, Injuries and Causes of Deaths, 1948, as used in England and Wales, and are given in the Table on page 4. Comparability factors for each Urban and Rural District have been provided by the Registrar-General for adjusting the local birth and death rates. These comparability factors, making allowance for age and sex distribution of the population, are handicaps to be applied to the several areas, and when multiplied by the crude birth and death rates experienced in the area, modify the latter, so as to make them comparable with other rates, which have been similarly adjusted.

Heart diseases and other circulatory diseases accounted for 36.7 per cent of all deaths whilst cancer and vascular lesions of the nervous system were responsible for 16.2 per cent. and 12.9 per cent. respectively. The number of deaths attributable to tuberculosis was 3 as compared with 3 for 1960. The mortality from zymotic diseases as a whole was low.

The adjusted death rates for 1957-1961 with those for England and Wales for comparison, are:—

		1957	1958	1959	1960	1961
West Suffolk	..	10.1	10.6	10.1	10.3	10.5
England and Wales	..	11.5	11.7	11.6	11.5	12.0

Live Births.

The number of live births assigned to the County was 2,174 (1,126 males; 1,048 females), as compared with 2,211 in 1960. This was equivalent to a crude birth rate of 16.2 as compared with 16.8 for the previous year. The following table shows the trend of the adjusted birth rates which takes into account the age and sex composition of the community for 1957/1961 together with the national rates for comparison:—

		1957	1958	1959	1960	1961
West Suffolk	..	18.3	17.7	17.8	16.8	17.3
England and Wales	..	16.1	16.4	16.5	17.1	17.4

Stillbirths.

An infant, who has issued forth from its mother after the twenty-eighth week of pregnancy and has not at any time after being completely expelled from its mother breathed or shown any sign of life, is a stillborn infant. The number of stillbirths registered was 41 giving a rate of 18.5 per thousand related live and stillbirths as compared with 19.1 for England and Wales. The rates for the quinquennium 1957/1961 together with those for the country as a whole are as follows:—

		1957	1958	1959	1960	1961
West Suffolk	..	18.9	20.2	20.8	20.8	18.5
England and Wales	..	22.5	21.6	21.0	19.8	19.1

Infant Mortality.

The number of infants who died before attaining their first birthday was 40 (24 males and 16 females) as compared with 48 in 1960. The rate per thousand related live births was 18.4 as compared with 21.7 for the previous year. The rates for 1957/1961 together with those for England and Wales are as follows:—

		1957	1958	1959	1960	1961
West Suffolk	..	23.1	28.4	17.9	21.7	18.4
England and Wales	..	23.1	22.6	22.2	21.9	21.6

Neonatal Mortality.

This sub-division of the infant mortality rate includes all children who die within 28 days of independent existence. The neonatal death rates per thousand live births 1957/1961 were:—

		1957	1958	1959	1960	1961
West Suffolk	..	15.9	17.8	13.1	20.2	13.8
England and Wales	..	16.5	16.2	15.8	15.6	15.5

Early Neonatal Mortality

This further sub-division of the infant mortality rate includes all children who die within seven days of independent existence. The rate per thousand related live births for 1961 was 12.0 compared with 20.2 for the previous year.

Perinatal Mortality.

This is the term used to determine the combination of stillbirths with deaths occurring during the first week of life. This rate is an indication of birth loss due to circumstances during pregnancy and events during labour and delivery. The following are the rates per thousand live and still-births for 1957/61 together with those for England and Wales:—

		1957	1958	1959	1960	1961
West Suffolk	..	34.5	37.7	32.2	39.0	30.3
England and Wales	..	36.2	35.1	34.2	32.9	32.2

Maternal Mortality.

There was one maternal death.

CARE OF MOTHERS AND YOUNG CHILDREN.

Health Visitors.

The Health Visiting Staff, by the appointment of a Health Visitor to a newly created district, was increased to eighteen. One Health Visitor has been transferred to a post of area relief district nurse-midwife and a second Health Visitor is now acting as liaison officer to the Consultant Geriatrician and accompanies him on his weekly rounds at Walnuttree Hospital, Sudbury. The experiment of a Health Visitor attached to a group of practitioners has worked extremely well both from the point of view of the doctors and also from that of the patients. This arrangement has now been extended to a second Health Visitor and another group of practitioners. Three Health Visitors attended a refresher course at Bedford College, London, arranged by the Women Public Health Officers Association.

The total number of visits made by health visitors was as follows:—

Children under 1 year	..	..	..	14,457
„ between 1 and 2 years	..	..	..	6,250
„ between 2 and 5 years	..	..	..	11,155
Expectant mothers	..	..	..	991
Other cases	..	..	..	4,943
				<hr/> 37,796 <hr/>

In addition 4,462 ineffective visits were made.

Visits to “Other Cases” again show an increase, this being due to the expanding Domestic Help Service.

Child Welfare Centres.

The number of centres remains at 28 including three at R.A.F. stations. The total number of children who attended was 3,987. Of these 1,486 were under one year of age, representing 68.4 per cent of the total registered live births. The total number of attendances was 22,393 including 14,065 made by children under one year of age.

The Health Visitors made 788 attendances at the County Council centres, and also assisted at the centres provided by the R.A.F. for the wives and children of servicemen at Barnham, Beck Row, Honington and Stradishall.

The Health Clinic at Exeter Road, Newmarket was completed and the services transferred there on 2nd May, 1961.

Parentcraft Classes.

These classes have been established at Bury St. Edmunds, Brandon and Hadleigh and are to be started at Newmarket in the near future.

At these classes expectant mothers are taught simple mothercraft, including exercises and relaxation, by midwives who have attended special courses on these subjects. Seven midwives have so far attended such courses.

The Health Visitors also assist at these classes which are proving to be very helpful and popular.

Family Planning Clinics.

In addition to the Bury St. Edmunds and Sudbury Clinics, a Family Planning Clinic has been established at the Health Clinic, Newmarket by the Family Planning Association who have full use of the premises.

The following numbers show the attendances during the year.

	<i>No. of New Patients</i>	<i>No. of Attendances</i>
Bury St. Edmunds	142	611
Newmarket (started 15.11.61)	7	14
Sudbury	101	214

The attendances at Ipswich and Stowmarket are now almost negligible.

Maternity and Nursing Homes.

There is one nursing home in the County—The Planche, Thurston, which accommodates twenty patients. There are no registered maternity homes.

Nurseries and Child-Minders Regulations Act, 1948.

There are now two nurseries, providing accommodation for 55 children. There is one Daily minder for eight children.

Medical and Dental Examination of Children in the Care of the County Council.

The inspection, by medical and dental officers, of the children in the care of the County Council, including those boarded out by East Suffolk, was continued.

Dental Care.

Mr. S. H. Pollard, the Principal Dental Officer, reports as follows:—

“Report on the dental care of expectant and nursing mothers and children of pre-school age during 1961.

“During 1961 all forms of dental treatment for expectant and nursing mothers became available without charge to the patient, through the general dental practitioner service of the National Health Service. This, however, does not seem to have diminished the small but steady demand for treatment provided by the Local Authority.

“In comparing the figures of treatment provided with those for the previous year, it is encouraging to note that for both mothers and children under five the number of extractions has declined, whereas the number of operations of a conservative nature has increased.

“Much remains to be done in the educational field. Particularly parents of young children need to be made aware of the importance of providing a diet which will preserve rather than destroy the newly erupted teeth.”

NUMBERS PROVIDED WITH DENTAL CARE.

	<i>Examined</i>	<i>Needing Treatment</i>	<i>Treated</i>	<i>Made Dentally Fit</i>
Expectant and Nursing Mothers	28	27	29	21
Children under five	40	26	25	7

FORMS OF DENTAL TREATMENT PROVIDED.

	<i>Scalings or Scaling and Gum treatment</i>	<i>Fill- ings</i>	<i>Silver Nitrate treatment</i>	<i>Crowns or Inlays</i>	<i>Exts.</i>	<i>Anaes- thetics General</i>	<i>Dentures provided</i>		<i>Radio graphs</i>
							<i>Partial</i>	<i>Com- plete</i>	
Expectant and Nursing mothers	17	67	—	—	14	—	3	4	3
Children under five	—	19	13	—	11	10	—	—	—

In addition 21 miscellaneous operations were carried out on expectant and nursing mothers and 22 on children under five.

Speech Therapy.

The services of Miss Elton, the Speech Therapist, treating school children are also available for pre-school children. Her report is as follows:—

“Fifteen pre-school children were under Speech Therapy guidance during 1960 some of whom had started school before January, 1961. Six new cases were seen during 1961, one of whom was referred to the Department of Child and Family Psychiatry.

“Regular treatment is only undertaken selectively in cases of such young children. Children who have had cleft palate operations for instance, may require treatment soon after the palate operation.

In cases of infants whose parents are worrying about hesitancy in their speech, direct treatment is not undertaken. Miss Elton feels that it is particularly important that early contact with such parents is facilitated, and in such a way that the child is not made aware of any concern about him or his speech. For, even when parents do not correct or make an issue of a child’s hesitancy, if they are anxious and listen anxiously and negatively to their child’s speech, they can unwittingly create an atmosphere to which a child will react with increased uncertainty and hesitancy. The aim is to help such parents to create a more care-free environment favourable to normal development. When parents realise that some reiterations and hesitancy is part of normal speech development, it helps them to modify their attitude to what they are considering as ‘abnormal’ in their child’s speech; it also helps to reduce their anxiety. Wherever and whenever possible, external pressures noted to cause an increase in disfluency, should be reduced.

“In more ‘backward’ societies where children are not expected to comply with exacting standards and parents do not compare and compete, these problems are less evident. In certain Indian communities, for instance, they have no name for what we call ‘stammering’.”

Care of Unmarried Mothers and their Children.

The arrangements with the St. Edmundsbury and Ipswich Diocesan Moral Welfare Association, remained in force. Thirty-two cases were referred to the Association and reports were received from the moral welfare worker. The County Council accepted financial responsibility for the maintenance of sixteen unmarried mothers in suitable Homes. A grant of £225 was paid to the Association.

Care of Premature Infants.

A total of 129 premature births was recorded. Of the 40 infants who were born at home, 35 were nursed entirely at home. Of the five transferred to hospital three survived. All the infants born at home and nursed entirely there survived the first month, whilst of the 88 born in hospital 73 survived the first month.

Prevention of Break-up of Families.

Problem Families. Work with these families has continued along well established lines.

The number now stands at 10—a marked improvement, a tribute to the thought given to the preventive aspect of this work by the Health Visitor—who maintains a key position in the care of these difficult families—but for tactful and friendly supervision—many more families would become a problem.

The Health Visitor works closely with other specialised workers.

These families all present difficulties of various kinds—involving the combination of practical problems—problems of family relationship—personality difficulties, mental ill-health and the ever present problem of finance.

In order to assist in the prompt exchange of information relating to potential problem families, and to children included in their own home, between field workers and various social agencies, three “ad hoc” Case Committees were set up at the end of the year. These Case Committees, under the Chairmanship of the District Medical Officer of Health concerned, meet at regular intervals and are attended by field workers from all departments concerned of the County Council, District Councils and Voluntary Organisations.

It is hoped that these Case Committees will enable the appropriate services of the various statutory and non-statutory fields to marshal their forces in the common purpose of helping these unfortunate families with problems with which they find themselves quite unable to grapple.

Ascertainment of Young Children with Impaired Hearing.

In accordance with a Ministry of Health circular, arrangements have been made in conjunction with the hospital authorities and local medical committees for the ascertainment, diagnosis and training of young deaf children. A form is being completed in respect of every birth and the health visitors are following up all infants with a family history of deafness and those known to have been subjected to pre-natal or perinatal influence. Appropriate cases will be later subjected to pure tone audiometer tests by the Medical Officers.

Distribution of Welfare Foods.

National Foods.

The main centres at Bury St. Edmunds, Newmarket, Haverhill and Sudbury continued to function. At 31st December there were 81 voluntary distribution centres.

During the year the following issues were made:—

CENTRES	COMMODITY			
	National Dried Milk	Cod Liver Oil	Vitamin A. & D. Tablets Packets	Orange Juice
	Tins	Bottles		Bottles
MAIN				
Bury St. Edmunds	6,087	1,072	1,429	9,502
Newmarket	2,066	371	615	3,666
Haverhill	1,254	249	381	2,601
Sudbury	1,682	343	339	2,976
TOTAL	11,089	2,035	2,764	18,745
VOLUNTARY	21,431	2,812	2,031	19,414
TOTAL ISSUES	32,520	4,847	4,795	38,159
TOTAL ISSUES (1960)	33,138	7,144	6,014	58,495

The decline in the uptake of these foods continued, mainly due to the price increase of orange juice, vitamin A & D tablets and cod liver oil as from June 1st. Issues of national dried milk were 1.9 per cent

less than those for 1960 as against 7.4 per cent on issues for 1959. The figures for cod liver oil, orange juice and A & D tablets showed a decrease of 45.3 per cent, 53.3 per cent and 25.4 per cent respectively. The impact of the price increase was immediately felt. The sales on the second half of the year of orange juice fell by 15,093 bottles, cod liver oil by 2,843 bottles and vitamin A & D tablets by 1,501 packets.

It is again a pleasure to pay tribute to the work carried out by the voluntary distribution centres.

Proprietary Foods.

These foods are available through the Health & Welfare Department, child welfare centres and Health Visitors. The following were issued:—

A. & D. Liquid	..	..	4,691 vials
Lactogol	..	..	259 packets
Maltoline	..	..	376 jars
Marmite	..	..	1,663 tins
Rose Hip Syrup	..	..	4,144 bottles
Cereal Food	..	..	940 packets

Health visitors continued to issue concessional vouchers for the purchase of infant milk foods.

MIDWIFERY AND HOME NURSING.

Midwifery.

The number of midwives notifying their intention to practise in the County during the year was 76. The number of cases attended was as follows:—

County Domiciliary Midwives	..	..	..	811
Private Domiciliary Midwives	..	..	..	—
Institutional Midwives	..	..	..	1,197
				<hr/> 2,008 <hr/>

In addition there were 582 births at an American Hospital, Mildenhall.

Domiciliary Service.

On 31st December, 44 nurses were employed:—

Queen's Nurse-Midwives	..	..	..	13
Other District Nurse-Midwives	..	..	..	28
District Midwife	..	..	..	1
General Nurses	..	..	..	2

These numbers include three part-time relief nurses. Medical aid was called by midwives in 70 cases, in 68 of which the medical practitioner concerned had undertaken to attend the patient under the National Maternity Medical Services Scheme. Gas and air analgesia was administered to 367 women and Trilene to 348 women. A doctor was not present at the time of delivery in 509 of these cases. The total of 715 represents 88.2 per cent of all domiciliary cases. Pethidine was administered in 521 cases. In addition to home confinements, domiciliary midwives nursed 235 cases who were delivered in hospitals and discharged before the 10th day.

Housing for District Nurse-Midwives.

The housing of District Nurse-Midwives has continued to be a problem as without being able to offer a good house with district room and garage it is quite impossible to recruit new nurses.

The policy of building suitable houses has continued. One house has been commenced at Boxford and several others are planned in the near future.

Sterilised Maternity Outfits.

Nine hundred and forty-three packs costing 11/10d. each were supplied free for domiciliary confinements.

Post-Graduate Training.

Two district nurse-midwives attended a Post-Graduate Course arranged by the Royal College of Midwives at Oxford, five at Birmingham, and one at Hastings, and one attended the Parentcraft Group Teaching and Relaxation Course at Longridge, Nr. Preston.

Home Nursing.

The Home Nursing Service was carried out by the district nurse-midwives. The number of patients was 3,992 and the number of visits paid totalled 66,153 as compared with 4,265 and 67,537 in 1960.

A large proportion of the children, who were ill, were admitted to the children's wards of the local hospitals. Those nursed at home numbered 235, of whom 140 were under five years of age and 95 be-

tween five and fifteen years, the number of visits paid by the district nurses to them being 529 and 429 respectively as compared with 685 and 587 in the previous year.

The use of antibiotics is still increasing, special visits for this purpose having risen by 1,353. The figures are as follows:—

<i>Drug.</i>					<i>General Nursing</i>	<i>Special Visits.</i>	<i>Total.</i>
Mersalyl .. .. .	..	..	..	..	359	3,420	3,779
Streptomycin .. .. .	..	..	..	..	381	600	981
Insulin .. .. .	..	..	..	..	1,286	12,119	13,405
Others .. .. .	..	..	..	..	1,448	6,413	7,861
TOTAL .. .. .	..	..	..	..	3,474	22,552	26,026

Liaison Arrangements.

Good co-operation has been maintained regarding the early discharge of patients from Addenbrooke's Hospital following operation.

Liaison with the other general hospitals and maternity units remains satisfactory.

The local Maternity Liaison Committees have held meetings at regular intervals at Bury St. Edmunds, Newmarket and Cambridge and these have proved most useful to the medical and nursing staff.

AMBULANCE SERVICE.

<i>Year</i>	<i>Grand Total</i>		<i>Ambulances</i>		<i>Sitting Case Cars</i>		<i>Taxis</i>		<i>Railway</i>	
	<i>Patients</i>	<i>Mileage</i>	<i>Patients</i>	<i>Mileage</i>	<i>Patients</i>	<i>Mileage</i>	<i>Patients</i>	<i>Mileage</i>	<i>Patients</i>	<i>Mileage</i>
1957	36,039	430,466	10,991	129,735	24,958	295,915	8	109	82	4,707
1958	41,670	471,905	13,620	129,505	27,907	334,460	5	65	138	7,875
1959	42,122	480,329	13,881	123,231	28,082	348,257	5	154	154	8,687
1960	47,284	518,140	13,631	120,341	33,486	389,168	22	158	145	8,473
1961	55,704	614,919	13,958	128,576	41,582	476,334	24	274	140	9,735

The average miles run per patient was 11.0 compared with the average of 9.8 for the less urbanised counties of England and Wales. The comparative figures for 1960 were 11.7 and 9.9.

Ambulances.

The total mileage run is an increase of 6.8 per cent on 1960. The average number of miles run per patient was 9.2 compared with 8.8 for the previous year.

Sitting Case Cars.

The mileage figures, which include both the Council's own sitting vehicles and the Hospital Car Service, show an increase of 22.4 per cent on 1960. The average number of miles per patient was 11.5 compared with last year's average of 11.6. This is the first full year for which transport has been provided for the Junior Training Centre in Bury St. Edmunds. Children are brought to the Centre from as far afield as Sudbury in the South and Brandon in the North. The mileage incurred in this form of transport will increase as the Committee's programme for the opening of other Centres in Sudbury and Newmarket materialise, but, of course, will be offset by savings in rather less long journeys.

Taxis.

This form of transport is used mainly for transporting school children where an ambulance is not required, but usually as a result of some minor accident at school, when special transport is required to take them to the nearest hospital for treatment.

Railway.

Whilst a slightly less number of patients was involved, the estimated mileage, it will be seen, was greater than the previous year. This mode of conveyance is used wherever practicable particularly in long journeys to distant hospitals for a specialised form of treatment not available locally. Patients and escorts alike continue to praise the co-operation of the staff of British Railways in maintaining the high standard that is now expected. The arrangements work smoothly and the London Ambulance Service plays an important part in effecting the transfer of patients at the London termini in many of the cases so transported.

Hospital Car Service.

Requests for sitting cars continue to increase and in a rural county like West Suffolk the role of the Hospital Car Service driver continues to be an important one. There were 55 registered drivers on 31st December.

Every attempt was made throughout the year to co-ordinate journeys and in this connection hospitals and general medical practitioners were very co-operative. The Hospital Car Service is used to supplement the Council's own directly provided sitting case vehicles and was used to convey some of the children to the Junior Training Centre at Bury St. Edmunds, which has been referred to above. Ambulance Control continued to exercise vigilance with regard to all journeys and to effect maximum co-ordination. This entailed constant liaison with the Hospital Authorities and in many cases times of appointments were changed to fit in with other transport arrangements already made thus effecting maximum co-ordination and minimum mileage. I would like to pay tribute to the Hospital Car Service drivers in their many acts of kindness to the patients.

Capital Building Programme.

The new Ambulance Depots at Newmarket and Bury St. Edmunds were occupied in February and April respectively. The advantages of a purpose built depot have been considerable.

Personnel.

The establishment of ambulance drivers was increased so as to enable, wherever possible, a crew of two to man all ambulances.

Ambulance Control.

The Suffolk and Ipswich Fire Authority continued to man the Ambulance Control outside office hours. This arrangement, which has been in existence for several years, has worked very well and, of course, makes for saving in man power and cost.

PREVENTION OF ILLNESS, CARE AND AFTER CARE.

Tuberculosis.

The arrangements for the supervision of tuberculous patients continued. The number of notified cases of tuberculosis on the register at the end of 1961 was:—

<i>Pulmonary.</i>			<i>Non-pulmonary.</i>			<i>Total Cases.</i>
<i>Male.</i>	<i>Female.</i>	<i>Total.</i>	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>	
179	156	335	20	27	47	382

Particulars of new cases of tuberculosis and of all deaths from the disease are shown below:—

NEW CASES.					DEATHS.				
<i>Age Periods</i>	<i>Pulmonary</i>		<i>Non-Pulmonary</i>		<i>Age Periods</i>	<i>Pulmonary</i>		<i>Non-Pulmonary</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>		<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
0—	—	—	—	—	0—	—	—	—	—
1—	—	—	—	—	1—	—	—	—	—
2—	1	—	1	1	5—	—	—	—	—
5—	2	—	—	—	15—	—	1	—	—
10—	—	1	—	—	25—	—	1	1	—
15—	3	—	—	—	45—	1	—	—	—
20—	1	2	—	—	65—	—	—	—	—
25—	3	1	—	1	75+	—	—	—	—
35—	5	2	—	—					
45—	3	1	—	—					
55—	4	1	—	—					
65—	4	2	—	—					
75+	1	1	—	—					
TOTALS	27	11	1	2	TOTALS	1	2	1	—

The total primary notifications of tuberculosis amounted to 41 (38 pulmonary, 3 non-pulmonary), as compared with 23 in 1960. The notification rate of pulmonary and non-pulmonary tuberculosis was 20 and 8 per 100,000 of the population respectively. The number of deaths represented 0.19 per cent. of all deaths.

The incidence rate of pulmonary tuberculosis, per 100,000 of the population, for 1961 was 28. Since returns for a particular year may be misleading, it is more valuable to consider the average figures for the past five quinquennial periods:—

<i>Period</i>	<i>Incidence</i>		<i>Deaths</i>	
	<i>Pulmonary</i>	<i>Non-pulmonary</i>	<i>Pulmonary</i>	<i>Non-pulmonary</i>
1937-41	75	29	39	9
1942-46	81	33	29	9
1947-51	84	19	22	7
1952-56	37	11	10	1
1957-61	26	5	3	1

During the past 25 years for every 100,000 of the population the incidence rate of the disease in its pulmonary form has been reduced from 78 to 28, and the death rate has been reduced from 37 to 2. In the case of non-pulmonary infection the incidence and death rates for the same period have diminished from 37 to 2 and from 8 to 1, respectively. Statistical details of notifications, deaths, and mortality expressed as a percentage of the total deaths are given in Tables I—III at the end of this report.

Examination of Contacts.

Two hundred and seventy contacts were invited for examination and 253 were examined by the Chest Consultant Physician. The average number of contacts examined for each new case reported was 2.5.

After Care.

A total of 434 domiciliary visits were made by Health Visitors, who work in close liaison with the Chest Consultant Physician. Three patients were provided with extra nourishment in the form of milk.

General.

All newly notified cases are referred automatically to the Chest Consultant Physician, who is employed by the East Anglian Regional Hospital Board but two elevenths of whose time is allocated to and paid for by the Council.

Recuperative Holidays.

Twenty persons were given recuperative holidays. These included fifteen debilitated women admitted to the Suffolk Convalescent Home, Felixstowe, three elderly women to St. Michael's Convalescent Home, Clacton-on-Sea and two children to the Middlesex Convalescent Home at Clacton.

Chiropody Service.

The demands upon this service are continually growing and it has been found impossible to treat individual patients at sufficiently frequent intervals. In view of this, arrangements have been made for the appointment of a third chiropodist.

Five thousand three hundred and seventy-one treatments were carried out, of these 1,668 being done in patients' own homes as they were unfit to attend clinics.

Three hundred and nineteen new cases, all of whom were aged persons with the exception of two disabled, were treated during the year.

Medical Loan Depots.

This service is extremely useful and is used extensively when patients are discharged from hospitals.

The County Secretary of the British Red Cross Society who undertake this work for the County Council, reports that the general demand for articles has continued to increase throughout all the Depots, at one Depot it being necessary to double the equipment. Articles purchased have been bed pans, urinals, mackintosh sheets, back rests and invalid chairs. In the Bury St. Edmunds Depot alone over three hundred articles have been out on loan each day.

MENTAL HEALTH SERVICE.

1. Administration.

(a) Constitution of the Mental Health and General Purposes Sub-Committee.

The Committee consists of eighteen members of the Council. There are no co-opted members. Meetings are held quarterly.

(b) Staff.

The County Medical Officer is responsible for the overall administration of the Service but a Senior Medical Officer, Dr. J. L. Evans, has been appointed to deal with the day-to-day administration and to assist the County Medical Officer in the planning of future services.

(c) Co-operation with Regional Hospital Board and Hospital Management Committees.

Co-operation at all levels continued as in previous years, between this department and the East Anglian Regional Hospital Board and individual hospitals.

(d) Duties delegated to Voluntary Associations.

No duties have been delegated to Voluntary Associations.

(e) Training of Mental Health Workers.

During the year, two of the three Mental Welfare Officers attended a part-time course on social work with mentally disordered persons at the College of Arts and Technology, Cambridge. These officers attended for one whole day each week during term time and the course proved to be stimulating and informative. It is planned to arrange for the third Mental Welfare Officer to attend a similar course commencing in September, 1962. In addition, the supervisor of the Junior Training Centre, Bury St. Edmunds attended a refresher course at Bristol.

As mentioned in last year's report, provision has been made for the recruitment of trainee mental welfare officers. When the first of these has been appointed it is hoped to send him on the two year course of training for social workers as recommended in the Younghusband Report. Several such courses have already been organised in various parts of the country.

2. Account of Work Undertaken in the Community.

1961 was the first full year of operation of the Mental Health Act, 1959, which came into full operation on 1st November, 1960.

(a) *Junior Training Centre.*

During the year, the numbers attending the Centre rose steadily from 20 to 35 (22 male, 13 female) and the staff increased to 3—including the Supervisor, Miss E. E. D. Brown, and 2 Assistants. The Centre is very well equipped and has in fact received two gifts from local voluntary organisations, which have been used to provide some additional sports and handicraft equipment.

The children attend from 9.00 a.m. to 3.00 p.m. Monday to Friday; all receive school meals from the central kitchen in Bury St. Edmunds for which they pay 1s. per day; and as far as practicable the Centre functions like an ordinary infant and junior school.

A second Junior Training Centre, similar in size to the present one, but with an improved lay-out, is planned for Sudbury and a suitable site has been acquired. It is hoped building will commence in 1962. This centre will serve a part of the county previously unable to profit from the Bury St. Edmunds Centre owing to the travelling distances involved.

An Adult Training Centre in Bury St. Edmunds is also planned for 1963/64. Its purpose will be to provide training in handicrafts and simple industrial jobs, if possible by arrangement with local manufacturing firms, for mentally handicapped men and women in the community, many of whom will have previously attended the Junior Training Centre as children. Attempts are being made to acquire a suitable site in the town.

(b) *Home Visits to the Mentally Subnormal.*

These are carried out at regular intervals by either a Mental Welfare Officer or a Health Visitor, depending on the age, sex and circumstances of each particular case. In this way problems of home care can be discussed with the relatives, and friendly advice or active help given, e.g. the arranging of a period of temporary care in hospital so that the relatives may have a holiday. Simple part-time craft instruction is given to those able to profit from such lessons.

(c) *Home Visits to the Mentally Ill.*

Apart from visiting homes at the request of relatives or family doctors to arrange admissions to mental hospital, mental welfare officers are frequently asked to give supporting visits to the homes of patients recently discharged from mental hospitals. This may be done at the request of relatives, family doctors or, of course, of the mental hospitals themselves. In the latter case, the amount and quality of information conveyed to the local authority varies a great deal and, in general, leaves room for improvement.

(d) *Admissions to mental hospitals.*

Looking at the figures for admissions to mental hospitals over the last few years, i.e. those that are known to the local authority, two trends become noticeable. Firstly, that the number of compulsory admissions remains fairly constant; secondly, that since the coming into force of the Mental Health Act, 1959, the number of informal admissions has apparently fallen. This latter trend presents a false picture, the reason being that a large number of informal admissions to mental hospital are arranged by family doctors or psychiatrists in out-patient clinics without any reference to local health authority staff. This conforms with one of the basic principles of the Act, i.e. that admissions to mental hospital should be arranged in the same informal way as admissions to an ordinary general hospital.

In reality the number of informal admissions (and re-admissions) to mental hospital is much higher than a few years ago. However, the total number of patients in these hospitals is no greater than before due to the much shorter average length of stay in hospital, i.e. there is a much higher turnover of in-patient beds.

With regard to compulsory admissions, the emergency procedure (Section 29) was used most frequently—largely because only one doctor is required to sign the medical certificate and in a largely rural county it is frequently difficult to contact one of the limited number of "Approved Medical Practitioners" in time to avoid unreasonable delay in getting a seriously disturbed patient to hospital.

Patients known to have been admitted to Mental Hospitals:

						<i>Number</i>		<i>Total</i>	<i>Percentage of Total Admissions</i>
						<i>M</i>	<i>F</i>		
(a) Compulsory									
Section 25 cases									
(Observation for up to 28 days)						5	5	10	7.9
Section 26 cases									
(for treatment for such period as is necessary)						4	1	5	3.9
Section 29 cases									
(emergency admission for observation for up to 3 days)						24	30	54	42.5
Section 29 cases									
(and later informal)						1	1	2	1.6
(b) Informal						22	34	56	44.1
Totals ..						<u>56</u>	<u>71</u>	<u>127</u>	<u>100.0</u>

Subnormal and severely subnormal patients in hospitals on 31st December, 1961.

						M.	F.	Total
Etloe House, Leyton	..	..	..	..	..	—	1	1
Harperbury Hospital	..	..	..	..	..	1	1	2
Little Plumstead Hospital	..	..	..	..	..	19	15	34
Monkton Hall, Jarrow	..	..	..	..	..	1	—	1
Moss Side Hospital	..	..	..	..	..	—	2	2
Jane Walker Hospital	..	..	..	..	..	—	3	3
Rampton Hospital	..	..	..	..	..	3	—	3
Risbridge Home, Kedington	..	..	..	..	..	38	41	79
Riversfield Home, St. Neots	..	..	..	..	..	6	3	9
Royal Eastern Counties Hospital, Colchester	..	..	..	..	..	36	37	73
St. Joseph's Home, Sudbury	..	..	..	..	..	—	5	5
St. Mary's Convent, Roehampton	..	..	..	..	..	—	4	4
Stoke Park Hospital, Stapleton	..	..	..	..	..	1	4	5
St. James Hospital, Saffron Walden	..	..	..	..	..	—	1	1
Totals						105	117	222

Unfortunately there is a country-wide shortage of hospital beds for subnormal and severely subnormal persons, and Regional Hospital Boards have long waiting lists for admission to these hospitals. At the end of the year there were 19 such persons in West Suffolk awaiting admission. Some of these presented pressing problems of care in their own homes and each case was allotted its degree of priority. I would like to emphasise the excellent co-operation which we have obtained from the East Anglian Regional Hospital Board in finding hospital beds for cases which required emergency admission for social reasons e.g. when the parents of a severely subnormal person have died and there are no relatives to care for him.

A total of nine persons (3 male and 6 female) were admitted to hospitals for the subnormal from West Suffolk.

Subnormal and Severely Subnormal Persons receiving Home Visits on 31st December, 1961.

						Under 16		Over 16		Total	
						M	F	M	F	M	F
Subnormal	..	..	..	..	..	—	1	24	24	24	25
Severely subnormal	..	..	..	..	..	27	23	56	66	83	89
Totals						27	24	80	90	107	114

There were no psychopathic persons receiving visits.

Pastime Therapy.

Fifteen of the severely subnormal persons being visited at home were also receiving pastime therapy under the guidance of one of the two Handicraft Instructresses.

New Cases of Subnormality or Severe Subnormality referred to the Local Health Authority during 1961.

						M	F	Total
Cases reported under Education Act—Section 57						4	5	9
Cases otherwise referred (by family doctors, hospitals, police, other local education authorities, etc.)						18	15	33
Totals						22	20	42

DOMESTIC HELP SERVICE.

The expansion of the Service has continued, partly because the public generally are now more fully aware of its potentialities, but also because of the contribution which the Service itself is making to keep out of hospitals or Homes those old people already receiving help through the Service.

The recruiting of suitable Home Helps is a constant problem. On the other hand, the work done by many of those enrolled, sometimes in ill-equipped homes, is beyond praise, and is a constant reminder of what can be done given the right will.

At the end of 1961, the number of enrolled helpers was 501, of whom 339 were employed, as compared with 400 enrolled helpers, of whom 291 were working, at the end of 1960.

The number of cases where domestic help was provided during the year was 680 as compared with 615 during 1960.

The households assisted were:—

Maternity	..	..	..	..	..	40
Tuberculosis	..	..	..	..	..	5
Chronic Sick, including Aged and Infirm	..	..	..	..	..	549
Others	..	..	..	..	..	86
						<hr/> 680 <hr/>

In 352 of the households assisted during the year, help began prior to 1961, this number including two maternity cases, three tuberculosis, 308 chronic sick, including aged and infirm and 39 other cases.

PREVALENCE OF AND CONTROL OVER
INFECTIOUS AND OTHER NOTIFIABLE DISEASES.

Infectious Diseases.

Scarlet Fever. The number of cases notified totalled 79 compared with 198 in 1960 and 184 in 1959. Thirty of these cases were reported in the Mildenhall Rural District; 18 in the Thingoe Rural District; six in the Haverhill Urban District; and six in the Cosford Rural District. In no other district did the numbers exceed five. There were no deaths and the disease continued to be of a mild clinical type.

Whooping Cough. A total of 331 cases was notified as compared with 84 in 1960 and 107 in 1959. Fifty-seven of these cases occurred in the Melford Rural District; 55 in the Bury St. Edmunds Municipal Borough; 45 in the Cosford Rural District; 34 in the Thingoe Rural District; 29 in both Newmarket Urban District and Mildenhall Rural District; and 27 in both Haverhill Urban District and Clare Rural District. In no other district did the number reported exceed 20. There were no deaths.

Acute Poliomyelitis. One case was reported as compared with one in the previous year. This occurred in an airman of 24 and was non paralytic. He had not been vaccinated against this disease.

Measles. 2,778 cases were notified as compared with 225 in 1960 and 1,855 in 1959. The greatest number of cases reported occurred in the Thingoe Rural District where there were 657, and 634 cases were reported in Bury St. Edmunds Municipal Borough. Mildenhall Rural District had 419 cases. In the other districts the numbers reported ranged from 164 in the Clare Rural District down to 23 in Sudbury Municipal Borough. There was one death.

Pneumonia. (Acute primary or influenzal). The number notified totalled 89 as compared with 74 in 1960. Twenty-eight of these cases occurred in the Melford Rural District and 27 in the Sudbury Municipal Borough. The number of deaths attributed to this disease was 19 as compared with none for the previous year.

Dysentery. No case was reported during the year. This compares with three cases notified in 1960 and three in 1959.

Acute Encephalitis. No case was reported. One case was reported in 1960.

Typhoid and Paratyphoid Fevers. No case was notified in 1961 as compared with one case in 1960 and one in 1959.

Erysipelas. Four cases were notified as compared with eight cases in 1960 and thirteen in 1959.

Meningococcal Infection. Two cases were notified as compared with two in the previous year.

Puerperal Pyrexia. Nine cases were notified as compared with 47 cases in 1960 and 13 in 1959.

Ophthalmia Neonatorum. As in 1960, no cases were reported.

Infective Hepatitis. Ten cases were reported as compared with five in 1960 and seven in 1959.

Malaria. No cases were reported—the same as 1960.

Vaccination against Poliomyelitis.

In accordance with the Ministry of Health circular of April, 1961, fourth doses of poliomyelitis vaccine were made available to children aged five to eleven. Special vaccination clinics were therefore held in all parts of the County to cope with this and also the general demand for vaccination against poliomyelitis which increased at the same time owing to the occurrence of the disease in an adjacent county.

Towards the end of the year, the Sabin type oral trivalent poliomyelitis became available from the Ministry of Health and is offered to all persons between six months and forty years of age, and also to other persons in the priority groups for vaccination, i.e. medical, dental, nursing and ambulance personnel, other hospital and public health staff, the families of all these persons, also persons going to visit or reside in any country outside Europe, other than Canada or the United States of America.

The vaccine is available through the general practitioners and the County Council clinics.

B.C.G. Vaccination against Tuberculosis.

Towards the end of the year a start was made with the Heaf testing and B.C.G. vaccination of children approaching school-leaving age, to try out the procedure which it was contemplated would be used when offering such protection in 1962 to all children approaching school-leaving age in West Suffolk.

Twenty-seven girls were vaccinated with B.C.G.; no real difficulties were encountered and only one change in procedure was made. Four girls were Heaf positive, and therefore did not need vaccination, and twenty-seven girls were vaccinated with B.C.G.

As this was a very small, and by no means a random, sample of the pupils in this age group, it would be misleading to draw any conclusions at present as to the proportion of young persons in West Suffolk who are without resistance to tuberculosis shortly before they enter the world of industry and commerce. It can be said, however, that it does not indicate any marked difference from what was thought might be the case in this county.

(By the time this report was in preparation for press—i.e. the end of March, 1962, 752 children at 13 schools had been Heaf tested, the proportion of Heaf positive children being 8.75 per cent.

The proportion of Heaf positive children at individual schools where not less than 40 children were tested, varied between 12.7 and 3.3 per cent. The figures for boys and girls showed little variation. This subject will be commented upon in greater detail in the Annual Report for 1962).

In addition to the above, 169 contacts of tuberculosis cases were vaccinated by the Chest Physician at the Chest Clinic.

The number of persons vaccinated during the year was as follows:—

				<i>By</i> <i>County Staff.</i>	<i>By</i> <i>General Practitioners.</i>	<i>Total.</i>
<i>Diphtheria—</i>						
Primary doses	..	..	..	34	62	96
Re-inforcing doses		..	..	173	194	367
TOTAL	..	..	..	207	256	463
<i>Diphtheria and Whooping Cough—</i>						
Primary doses	..	..	..	7	50	57
Re-inforcing doses		..	..	—	59	59
TOTAL	..	..	..	7	109	116
<i>Whooping Cough—</i>						
Primary doses	..	..	..	—	3	3
Re-inforcing doses		..	..	—	—	—
TOTAL	..	..	..	—	3	3
<i>Triple Antigen—(Diphtheria, Whooping Cough and Tetanus).</i>						
Primary	..	..		407	1,403	1,810
Re-inforcing	..	..		150	518	668
TOTAL	..	..		557	1,921	2,478
<i>Tetanus.</i>						
Primary doses	..	..		15	34	49
Re-inforcing doses		..		13	55	68
TOTAL	..	..		28	89	117

			By County Staff.	By General Practitioners.	Total.
Smallpox.					
Vaccination	..	..	7	1,363	1,370
Re-vaccination		..	—	318	318
			—	—	—
TOTAL	..	..	7	1,681	1,688
Poliomyelitis.					
1st and 2nd Doses	..	..	4,357	5,946	10,303
3rd Doses	..	..	3,751	3,935	7,686
4th Doses	..	..	4,800	2,644	7,444
			By Chest Consultant		
Tuberculosis.					
B.C.G.	..	..	27	169	196

HEALTH EDUCATION.

As in previous years, wherever possible, the publications of the Central Council for Health Education were made available throughout the County in Health Clinics. Posters published both by the Ministry of Health and the Central Council for Health Education, for example "Safety in the Home," "Polio," "Dental Hygiene," were distributed for exhibition at schools and also through Parish Councils and Parish Meetings, were displayed in every parish in the County.

Members of the Medical and Nursing Staffs gave talks and lectures on health matters to members of the public through such organisations as Women's Institutes, to members of the St. John Ambulance Brigade, British Red Cross Society, Parent Teacher Associations, and to the Civil Defence Corps as part of their initial training. The requests made were usually for such subjects as "Care of the Aged," "Safety in the Home," "First Aid in the Home," "Immunisation," "The Health Services," etc. As has been remarked on previous occasions the numbers attending these talks varied. In some villages as few as nine turned up, but in the larger towns it is gratifying to note that there were in the region of 160 to 180 persons present.

The health visiting staff continued the mothercraft training of pre nurse-training courses at the Silver Jubilee School, Bury St. Edmunds and The High School, Sudbury.

Lectures on preventive and social medicine were given by the County Medical Officer of Health to student nurses of the West Suffolk General Hospital.

The general education of the public in health matters thus continued on well developed lines throughout the year. It is gratifying to note that organisations to whom the officers of the department have spoken from time to time continue to ask for more. The strip projector facilities of the department were used a great deal in health clinics and in some cases were used to illustrate talks. These "visual aids" were much appreciated by all those concerned and it is hoped to develop this side of our health educational facilities in the future.

INSPECTION AND SUPERVISION OF FOOD.

Milk Supply.

The sampling of milk for all those services for which the County Council is responsible, is carried out under the supervision of the County Medical Officer by Mr. D. Thompson, the Chief Sampling Officer and Chief Inspector of Weights and Measures, and his staff.

Pasteurising Plants.

Four pasteurising plants remained licensed at the end of 1961. These plants were all inspected regularly by the Chief Sampling Officer and his staff.

The following samples were taken:—

<i>No. of Samples Taken</i>	<i>Phosphatase Test</i>		<i>Methylene Blue Test</i>			<i>Failed Both Tests</i>
	<i>Passed</i>	<i>Failed</i>	<i>Passed</i>	<i>Failed</i>	<i>Not Tested</i>	
85	85	—	74	—	11	—

Dairies, other than Pasteurising Plants.

This is the first year that the County Council, as Food and Drugs Authority, has been responsible for sampling at dairies other than pasteurising plants.

The number of dairies for which licences were issued at the end of the year:—

Dealers' (Pre-packed milk) Licences	78
Dealers' (Tuberculin Tested) Licences	3

The following Tests were made:—

	<i>Passed</i>	<i>Failed</i>	<i>Invalid or Not Tested</i>	<i>Total</i>
<i>Raw Tuberculin Tested</i>				
Methylene Blue	15	5	—	20
<i>Pasteurised</i>				
Phosphatase	204	1	—	205
Methylene Blue	193	5	7	205
<i>Sterilised</i>				
Turbidity	8	—	—	8

Appropriate action was taken where the results were unsatisfactory.

Sale of Infected Milk

Samples were taken from 28 tuberculin-tested herds for biological tests and no failure was recorded.

Milk in Schools.

One-third of a pint of milk (either pasteurised tuberculin tested, pasteurised or raw tuberculin-tested) was available on every school day to every child attending maintained and private schools. On a day chosen at random in September, 13,263 children had milk, representing about 75 per cent, of the school population, in maintained schools.

The following samples were taken:—

	<i>Passed</i>	<i>Failed</i>	<i>Invalid or Not Tested</i>	<i>Total</i>
<i>Pasteurised Milk:</i>				
Phosphatase Test	109	1	—	110
Methylene Blue Test	102	3	5	110
<i>Tuberculin Tested:</i>				
Biological Examination ..	—	—	—	—
Methylene Blue Test	—	—	—	—

The causes of the failures were investigated with the view of preventing recurrence.

Sampling at Institutions.

All samples of milk taken passed the phosphatase test. One sample from a School Kitchen failed the Methylene Blue Test probably due to the humid atmosphere at the time.

Food and Drugs Act.

The Chief Sampling Officer and his staff took 417 samples of which 31 were found to be adulterated or not up to standard.

Of the 17 samples of milk reported as below standard, 5 contained added water. Proceedings were instituted against a farmer concerned in respect of three samples which were shown to contain "added water." Fines and costs imposed amounted to £13 16s. 0d. One sample was taken from a farmer immediately before delivery to a pasteuriser. This farmer was using an in-churn cooler and subsequent examinations showed that it had a tendency to leak. The farmer was cautioned. The remaining sample was obtained in consequence of a customer's complaint. The bottle of milk was sent to the Analyst who reported heavy adulteration—a mixture of 15 per cent milk and 85 per cent water. Fines and costs imposed on the pasteuriser concerned amounted to £11 15s. 0d.

A complaint was received from a school and a bottle was found to contain four pupae of the fruit fly. These are difficult to remove in the normal washing process used in dairies. Unwashed bottles are a breeding place for insects of this type. The pasteuriser was cautioned.

A customer complained about the dirty condition of a whole pint bottle. From the Analyst's findings it was obvious that the bottle had not been adequately washed and contained traces of mould. The pasteuriser was cautioned.

The other milk samples found to be below standard were, on investigation, shown to be genuinely poor milk. Each producer was advised to consult the Milk Officer of the Ministry of Agriculture, Fisheries and Food.

With regard to foods other than milk, some faults were due to faulty labelling and the packers were cautioned.

A sample of a strawberry syrup used for flavouring milk contained 190 parts per million sulphur dioxide. In the opinion of the Analyst this commodity should not contain any preservative. On writing to the manufacturers the Chief Sampling officer was informed that, in their view, this article was a soft drink and suggested that the definition of “soft drink” in the Soft Drinks Order included such an article. The position is not clear as the definition says that a soft drink is a liquid suitable or intended for use, either without or after dilution, as a drink for human consumption. These manufacturers rely on the fact that this definition does not limit the dilution to dilution with water.

A bottle containing concentrated apple juice had a claim that it was the “best slimming drink in the world.” The claim was contested by the Analyst and on the approach of the Chief Sampling Officer to the manufacturer it was found that the claim had been withdrawn. The manufacturer had been advised, on what he thought good authority, that this slimming claim was justified but, having read of certain prosecutions for similar claims made about cider vinegar he decided to withdraw this label. It appeared that this claim had only been made for a very short period and, in the circumstances, a caution was given.

A sample of a tinned product labelled “Boned Chicken in Chicken Jelly” contained 86 per cent meat. Whilst the meat content was satisfactory the words “in Chicken Jelly” were in such small type it was difficult to read them. The manufacturer was approached and, though at first not willing to make a complete change in his label, was finally persuaded that the whole of his label was misleading. An amended label was submitted to the Chief Sampling Officer and the Public Analyst who found it to be satisfactory.

A soft drink said to be made from whole fresh oranges contained only 11 per cent of fruit substances. This particular product should be made from 27½ lb. of fresh oranges to each 10 gallons of water, but no standard is laid down for the final product. Proposals have been put forward for the amendment of the Order to lay down a minimum fruit substance content for the product as sold. In view of the contemplated change and the possibility of a 10 per cent standard for fruit substances being adopted, no action was taken.

A soft drink containing not more than 8 per cent of lemon juice instead of the required 25 per cent was the subject of proceedings. Fines and costs amounting to £28 5s. 0d. were imposed.

A sample sold as Potted Salmon was found by the Analyst to consist of pure fish with a little colouring. The Analyst considered that the colour should be declared but, if this article were considered to be a fish paste, there would be no need for such a declaration. In view of the rather technical nature of this complaint no further action was taken.

A tinned product labelled “Boneless Chicken” contained 81 per cent meat only, the rest of the tin being made up of Jelly. The Analyst stated that such an article labelled “Boneless Chicken” should contain at least 95 per cent meat and that the correct designation for the present pack was “Boneless Chicken in Jelly.” The importer was contacted and the Analyst’s opinion conveyed to him. The article had ceased to be imported for the time being. No assurance was given that future imports would bear amended labels.

Another tinned product called “Smoked Ham and Beef” contained 90 per cent meat and 10 per cent of cereal. The Analyst considered that such an article should contain at least 95 per cent meat and no cereal. The manufacturers were cautioned.

A sample of pork sausage which contained 81 per cent meat was found also to contain 64 parts per million of sulphur dioxide. Where sausages contain preservative its presence must be disclosed by a notice in the shop or on a label attached to the sausages. The seller, and the butcher supplying the seller, were cautioned.

Details of the samples taken were as follows:—

	<i>Number Taken</i>						<i>Number Adulterated</i>
Breakfast cereal	1						—
Butter	15						—
Cheese and Cheese Spread	3						—
Coffee	4						—
Coffee Cups	1						—
Confectionery	2						—
Cooking fat	1						—
Cream	4						—
Curry Powder	1						—
Custard Powder	1						—
Dessicated Coconut	4						—
Dried Fruit	1						—
Drugs	1						—
Fish Products	5					1	
Flour	9						—
Flour confectionery	2						—
Flour mixtures	1						—
Fruit (tinned)	4						—
Fruit juice	1						—
Ground almonds	1						—
Herbs	1						—
Ice Cream Mix	1						—
Jam	4						—
Jelly	6						—

	<i>Number Taken</i>	<i>Number Adulterated</i>
Lard	2	—
Lemon Curd	1	—
Lemon Juice	1	—
Margarine	2	—
Marzipan	5	—
Meat Products	21	5
Milk	201	15
Milk (Channel Island)	69	2
Mincemeat	2	—
Pastry	1	—
Pepper	1	—
Preserves	8	—
Puddings (tinned)	3	—
Salt	1	1
Sauces	3	—
Sausages	6	2
Soft Drinks	9	4
Soups	1	—
Sugar Confectionery	2	—
Vegetables (tinned)	2	—
Vinegar	1	—
Wine	1	1
	417	31

SOCIAL WELFARE.

Welfare Officers.

Three dual purpose welfare officers, a welfare officer for the blind and two handicraft instructresses have carried out the field work during the year.

The following visits were paid:—

(a) Aged	2,364
(b) Blind and Partially Sighted	2,613
(c) Deaf and Hard of Hearing	115
(d) Disabled (other than (b) or (c))	2,131
(e) Others	1,355
TOTAL	8,578

Welfare of the Disabled.

The Welfare services under the schemes have been maintained and expanded in such services as pastime therapy, works of adaptation and the provision of aids for handicapped persons. The second handicraft instructress has completed a full year's work and this has been reflected in the increase in pastime therapy. The total of 642 persons on the Registers represent an increase of 22 persons over the previous year.

This number was recorded in the Registers as follows:—

(a) Blind	271
(b) Partially Sighted	86
(c) Deaf	53
(d) Hard of Hearing	15
(e) Generally Handicapped	217
Total number of persons registered	642

NOTE: Where a person is registered under more than one heading, e.g., Blind and Hard of Hearing, only blindness as the principal disability, has been counted for the purpose of the above figures.

The age groups of the persons shown above are:—

	0—15	16—64	65 and over	Total
Blind	3	64	204	271
Partially Sighted	5	27	54	86
Deaf	6	41	6	53
Hard of Hearing	—	8	7	15
Generally Handicapped	1	168	48	217
TOTALS	15	308	319	642

Blind and Partially Sighted.

Twenty-five new blind and 15 new partially-sighted persons, excluding transfers from other areas were admitted to the Registers. Two of these died during the year.

Details of the cause of defective vision of persons registered as blind or partially sighted and of those who received treatment are:—

(i) Number of cases registered during the year with recommendations as follows:—	Primary Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment	—	2	—	1
(b) Treatment (medical, surgical or hospital supervision)	7	5	—	25
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	3	3	—	10

There were no new cases due to retrolental fibroplasia or ophthalmia neonatorum.

Grants were made to the Norwich Institution for the Blind in respect of two basket makers. Under the Home Workers' Scheme of the National Library for the Blind a Braille copyist and piano tuner worked as a copyist and an annual grant of £50 was made to the Library. The woman machine knitter at the Norwich Institution for the Blind continued sheltered employment there and the financial responsibility for this was borne by the County Council. Statutory grants were received from the Ministry of Labour. Six other blind persons were in remunerative employment in the community as follows:—one audio-typist, two telephone operators, one poultry keeper, one machine tool operator, and one process worker.

Once again good use was made of the placement service of the Royal National Institute for the Blind, and assistance was given to a number of persons regarding future employment. Excellent co-operation was given by the Group Disablement Resettlement Officer of the Ministry of Labour. At the 31st December there were 45 blind persons between the ages of 16 and 59.

In a few cases instruction in Braille and Moon was given. It has again become obvious that this type of special instruction is becoming less necessary as the increasing percentage of new cases are in the elderly age groups and these persons generally require the social needs of aged and handicapped persons.

Fees have been paid in respect of special services rendered to a few registered blind persons by the National Library for the Blind.

The West Suffolk Voluntary Association for the Blind have once again done much valuable work for blind and partially sighted persons by providing holidays, extra comforts and nourishment, social activities, maintenance of radio sets, provision of talking book machines and special gifts at Christmas. There was a high standard of co-operation with the Association.

Deaf and Hard of Hearing.

The Missioner of the Suffolk Mission to the Deaf co-operated fully with the officers of the Department. A grant of £150 was made to the Mission. At the end of the year consideration was being given to an extension of the work done in West Suffolk by this Mission.

All registered persons received regular visits, help and advice from the welfare staff.

Disabled Persons (General) Classes.

At 31st December there were 217 persons on the register of Disabled (General) Persons Classes as follows:—

Amputations	13
Arthritis and rheumatism	38
Congenital malformations and deformities	19
Diseases of the digestive and genito-urinary system; of the heart or circulatory system; of the respiratory system (other than tuberculosis) and of the skin	33
Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine	16
Organic nervous diseases—epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	69
Neurosis, psychosis and other nervous and mental disorders not included in organic nervous diseases	8
Tuberculosis (respiratory)	7
Tuberculosis (non-respiratory)	5
Diseases and injuries not specified above	9
	<hr/> 217 <hr/>

Works of Adaptation.

Alterations to accesses, provision of ramps, “hard standing” for garages, as well as as structural and other alterations have been made to the homes and surrounds of homes occupied by registered disabled persons so as to enable them to have greater mobility.

Aids for the Handicapped.

A variety of aids, such as lazy tongs, sock puller-on, tripod walking sticks, etc., have been purchased and loaned to registered disabled persons.

Handicraft and Social Centres.

Owing to the increase in pastime therapy service a greater number of sales were held in order to dispose of the finished articles. Weekly social and handicraft classes were started at Newmarket and Sudbury during the year and the Handicraft and Social Centre continued to be held monthly in a room at Westgate House.

Car Badges for Severely Disabled Drivers.

Arrangements were made for the issue of car badges to severely disabled drivers for display on their vehicles to facilitate parking on the lines recommended by the Ministry of Health in Circular 17/61. At the end of the year, car badges had been issued to 26 persons.

Welfare of the Aged in the Community.

Co-operation with local statutory and voluntary agencies was maintained in order to continue the Council’s policy of keeping old people in their homes for as long as possible on social and economic grounds. Grants were made to such voluntary organisations as the West Suffolk Old People’s Welfare Association, the Women’s Voluntary Service for “Meals on Wheels” service to elderly people in Bury St. Edmunds and Thedwastre Rural District, as well as grants to District Councils towards expenditure incurred by them in providing special housing with welfare services specially designed for the aged.

Residential Accommodation.

At 31st December residential accommodation was provided as follows:—

St. Mary’s Hospital, Bury St. Edmunds	..	..	..	..	..	133
The Glanely Rest, Exning	..	..	..	..	..	56
Bristol House, Felixstowe	..	..	..	..	..	43
North Court, Bury St. Edmunds	..	..	..	..	..	58
Red House, Sudbury	..	..	..	..	..	15
Manson House, Bury St. Edmunds	..	..	..	..	..	1
“Cloncurry,” Felixstowe	..	..	..	..	..	3
Homes for Epileptics	..	..	..	..	..	4
Homes for Deaf and Dumb Women	..	..	..	..	..	1
Maintained in other Local Authorities’ Homes	..	..	..	..	..	1
Other Voluntary Homes	..	..	..	..	..	8
						<hr/> 323 <hr/>

This total compares with 334 for 1960. Thirty-seven registered blind and partially-sighted persons were accommodated.

The directly provided accommodation comprised Bristol House, Felixstowe, The Glanely Rest, Exning, North Court, Bury St. Edmunds, and part of St. Mary’s Hospital, Bury St. Edmunds. Other accommodation was provided at two Voluntary Societies’ Homes in the County, namely, Manson House, Bury St. Edmunds and Red House, Sudbury.

The number of persons accommodated in the Joint-User establishment at St. Mary’s Hospital has slightly decreased, but the pressure on beds generally was substantial.

Work was commenced on the building of two new Homes, one in Bury St. Edmunds and one at Haverhill.

Registered Homes.

During the year new registrations were made respecting one home for five aged persons and two homes for twenty-two mentally disordered persons. The registration for the one home for five aged persons was later cancelled. The position at 31st December was that six homes accommodating 96 old persons, one home accommodating six disabled persons, one home accommodating twenty old and disabled persons and two homes accommodating 22 mentally disordered persons were registered under the National Assistance Act, 1948.

Temporary Accommodation.

The figure of 2,189 resident days respecting Temporary Accommodation compared with 989 resident days for the previous year.

Protection of Movable Property.

During the year there was a slight increase in the amount of work under Section 48 of the National Assistance Act, 1948, whereby the Council has a residual duty to protect the movable property of persons in Part III establishments and hospitals.

TABLE I.
TUBERCULOSIS NOTIFICATIONS—RATE PER 1,000 POPULATION.

<i>Year</i>	<i>Population</i>	<i>Pulmonary</i>			<i>Rate</i>			<i>Non-Pulm.</i>			<i>Rate</i>		
		<i>M.</i>	<i>F.</i>	<i>T.</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>
1934	104,250	40	51	91	.38	.48	.87	29	13	42	.27	.12	.40
1935	103,900	34	49	83	.32	.47	.79	12	10	22	.11	.09	.21
1936	103,610	42	29	71	.40	.27	.62	18	19	37	.17	.18	.35
1937	102,890	40	41	81	.38	.39	.78	20	19	39	.19	.18	.37
1938	103,290	34	48	82	.33	.46	.79	11	14	25	.10	.13	.24
1939	105,590	41	40	81	.38	.37	.76	17	10	27	.16	.09	.25
1940	108,600	32	36	68	.29	.33	.62	16	8	24	.14	.07	.22
1941	114,630	52	41	93	.45	.35	.81	23	19	42	.20	.16	.36
1942	109,900	42	45	87	.38	.40	.79	13	24	37	.11	.21	.33
1943	109,940	52	36	88	.47	.32	.80	22	16	38	.20	.14	.34
1944	108,020	42	41	83	.38	.37	.76	16	21	37	.14	.19	.34
1945	105,060	50	47	97	.47	.44	.92	16	15	31	.15	.14	.29
1946	106,080	43	41	84	.40	.38	.79	17	19	36	.16	.17	.33
1947	107,580	52	48	100	.48	.44	.92	10	11	21	.09	.10	.19
1948	111,984	45	42	87	.40	.37	.77	16	10	26	.14	.08	.23
1949	112,278	51	32	83	.45	.28	.73	5	10	15	.04	.08	.13
1950	116,514	57	51	108	.48	.43	.92	11	12	23	.09	.10	.19
1951	124,200	50	54	104	.40	.43	.83	9	15	24	.07	.12	.19
1952	128,900	31	31	62	.24	.24	.48	8	16	24	.06	.12	.18
1953	125,600	28	19	47	.21	.15	.37	6	10	16	.04	.08	.12
1954	124,500	31	25	56	.25	.20	.45	2	8	10	.02	.06	.08
1955	123,900	21	18	39	.17	.15	.31	1	3	4	.01	.02	.03
1956	125,100	15	13	28	.12	.10	.22	9	7	16	.07	.03	.10
1957	125,300	22	25	47	.18	.19	.36	8	5	13	.06	.04	.10
1958	126,900	19	17	36	.15	.13	.28	2	5	7	.02	.04	.06
1959	127,400	13	14	27	.10	.11	.21	2	4	6	.02	.03	.05
1960	131,540	10	10	20	.07	.07	.15	2	1	3	.02	.01	.02
1961	134,200	27	11	38	.20	.08	.28	1	2	3	.01	.02	.02

TABLE II.

TUBERCULOSIS MORTALITY—RATE PER 1,000 POPULATION.

Year	Population	Pulmonary			Rate			Non-Pulm.			Rate		
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1934	104,250	30	26	56	.28	.24	.52	9	7	16	.08	.06	.15
1935	103,900	31	27	58	.29	.25	.55	5	3	8	.04	.02	.07
1936	103,610	24	19	43	.23	.18	.41	7	5	12	.06	.04	.11
1937	102,890	14	16	30	.13	.15	.29	4	5	9	.03	.04	.08
1938	103,290	26	18	44	.25	.17	.42	3	4	7	.02	.03	.06
1939	105,590	31	20	51	.29	.18	.48	3	6	9	.02	.05	.08
1940	108,600	20	14	34	.18	.12	.31	5	4	9	.04	.03	.08
1941	114,630	26	23	49	.22	.20	.42	8	5	13	.06	.04	.11
1942	109,900	23	18	41	.20	.16	.37	5	7	12	.04	.06	.10
1943	109,940	20	13	33	.18	.11	.30	7	6	13	.06	.05	.12
1944	108,020	16	12	28	.15	.10	.26	6	4	10	.05	.03	.09
1945	105,060	15	11	26	.14	.10	.24	5	5	10	.04	.04	.09
1946	106,080	15	11	26	.14	.10	.24	4	5	9	.03	.04	.08
1947	107,580	14	16	30	.13	.14	.27	3	1	4	.02	.009	.03
1948	111,984	16	16	32	.14	.14	.28	5	6	11	.04	.05	.09
1949	112,278	15	11	26	.13	.09	.23	6	2	8	.05	.01	.07
1950	116,514	10	7	17	.08	.06	.14	3	3	6	.025	.025	.05
1951	124,200	11	12	23	.08	.09	.18	2	2	4	.015	.015	.03
1952	128,900	11	7	18	.08	.05	.13	1	1	2	.007	.007	.015
1953	125,600	9	1	10	.07	.01	.08	2	1	3	.01	.01	.02
1954	124,500	6	3	9	.05	.02	.07	—	—	—	—	—	—
1955	123,900	4	2	6	.03	.02	.05	—	—	—	—	—	—
1956	125,100	9	3	12	.07	.02	.09	1	—	1	.01	—	.01
1957	125,300	3	1	4	.02	.01	.03	—	2	2	—	.02	.02
1958	126,900	1	—	1	.01	—	.01	—	—	—	—	—	—
1959	127,400	5	1	6	.04	.01	.05	—	—	—	—	—	—
1960	131,540	2	1	3	.02	.01	.02	—	1	1	—	.01	.01
1961	134,200	1	2	3	.01	.02	.02	1	—	1	.01	—	.01

TABLE III.

The following table shows the mortality from tuberculosis expressed as a percentage of the total mortality:—

<i>Year.</i>	<i>Deaths from Tuberculosis</i>	<i>Deaths from all causes.</i>	<i>Percentage</i>
1934	72	1,362	5.28
1935	66	1,357	4.86
1936	55	1,402	3.92
1937	39	1,397	2.79
1938	51	1,325	3.84
1939	60	1,438	4.17
1940	43	1,576	2.72
1941	62	1,569	3.95
1942	53	1,482	3.57
1943	46	1,497	3.07
1944	38	1,454	2.61
1945	36	1,396	2.57
1946	35	1,350	2.59
1947	34	1,499	2.26
1948	43	1,356	3.17
1949	34	1,489	2.28
1950	23	1,444	1.59
1951	27	1,595	1.69
1952	20	1,463	1.36
1953	13	1,419	.91
1954	9	1,428	.63
1955	6	1,402	.43
1956	13	1,496	.87
1957	6	1,345	.45
1958	1	1,437	.07
1959	6	1,419	.42
1960	4	1,360	.29
1961	4	1,515	.26

